

Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

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Annual Report: No filing fee if received by the due date. Due no la						n: 08/31/2022
SOS Control Number: 567332 Limited Liability Company (D)		Filing Status: Active Date Formed: 08/28/	•	Formation Locale: ID		
Name and Mai DOYEL HOME 2996 W PORT INKOM, ID 832	S, LLC NEUF RD		(1) Add or	Change Mailing	Address:	1. 40 F.
Registered Ag KEN DOYEL 2996 W PORT INKOM, ID 832	NEUF RD	ed Office (RO) Address:	(2) Chang	e RA and/or RO	Address:	א מ ב מ מ מ
(4) Limited Liabili	tered Agent (RA) Signa ity Companies: Enter nam	If a new agent is appoint	ed in item (2) above,	the new agent m	oust sign here to accep	or 'same as above ll
Manager/Member	Name	will not affect the entity mailing Business Ad		space is nee	City, State, Zip	n attachment.
Mgr Mem	Ken Doye	L 2,996	W. Portan	3 RV	InKom	10 83245
Mgr Mem Mgr Mem Mgr Mem			0	C-24	9)	1 9 0 1
(5) Signature: (7) Type/Print Nam	e Ken Do	ye!	(6) Date:	8-24- Mgr		

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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